

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 573
Registered No. 141

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Brooks Canon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Victorina Gonzalez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Dec. 11-1929
Month Day Year

8. FATHER
Full name Pablo Gonzalez
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona.

10. Color or race Mex. 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Jalisco
(State or country) Mex.

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Mercedes Martinez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona.

16. Color or race Mex 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Jalisco
(State or country) Mex.

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 4 } (a) Born alive and now living 3
(b) Born alive but now dead 1
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:40 p.m. on the date above stated.
(Born alive or stillborn.)

Signature Byron M. Brown Physician (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____ Month, day, year _____
Filed Dec 20 1929 Registrar

579-1211-4419

order of birth stated.